



County Borough of Wolverhampton.

ANNUAL REPORT

TO THE

EDUCATION COMMITTEE.

W. SPENCER BADGER, M.B., Ch. B. (Vict.), D.P.H. (Camb.),
MEDICAL OFFICER TO THE EDUCATION COMMITTEE.

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To the EDUCATION COMMITTEE.

Ladies and Gentlemen,

I have pleasure in presenting to you my Sixth Annual Report, which deals with the work performed during the year ended December 31st, 1914.

The Report is again mainly a record of routine work progressing upon lines already described. A General Survey is given herewith at the commencement of the Report, and the detailed results of Medical Inspection are referred to in subsequent pages.

GENERAL SURVEY.

The Board's Code Requirements for the Medical Inspection of "Entrants" and "Leavers" underwent some modification in 1914. An age basis was prescribed for the examination of "Leavers," the change becoming operative on April 1st. From this time onward these scholars were examined at the age of 12 or over, instead of at 13 as hitherto. The examination of an additional group of children at 8 years of age is also prescribed for the present year, commencing on April 1st. A permanent increase in the number of routine examinations is thereby created. To cope with the increasing work in this and other directions, Dr. Edith Serjeant was appointed Assistant School Medical Officer, and commenced work on September 1st.

As pointed out in previous Reports, we experience increasing need for an Inspection Centre where scholars referred to the School Medical Officers as requiring special examination or re-examination may be examined under favourable conditions and with economy of time otherwise wasted in visiting. The lack of such an Inspection Centre is one of the most pressing needs at the present time. To remedy the deficiency we have recently obtained the sanction of the Committee to make temporary use of certain School premises which, by the courtesy of the Head Teacher, can apparently be made available pending completion of the School Clinic proper. When this Centre is properly organised and working, it should prove, with the co-operation of the Attendance Department, a noteworthy advance towards administrative efficiency.

The results of Routine Inspection last year do not differ materially from those already reported. The numbers and percentages of defects are recorded fully in Table II. (pages 23-28).

A very large number of Medical Defects discovered by Routine and Special Inspection were notified and followed up (Table IV., page 29). These included 540 cases brought forward at the beginning of the year and 1,255 new cases notified during the year, making a total of 1,795 defective cases dealt with, as against a corresponding total of 1,421 the preceding year. Both School Nurses being fully occupied with Routine Inspection towards the end of the year, the result of notification in a number of cases has not yet been ascertained. In 1,441 cases the ascertained result was as follows:—Medical treatment obtained, 35%: not obtained, 65%. This is a serious drop compared with 1913 when approximately one-half obtained treatment. The difficulty of securing treatment is most evident in cases of

Defective Vision and Enlarged Tonsils, and is largely due to the increasing demand for and difficulty in obtaining Hospital tickets. In the case of Tonsil operations the apparent inability of the General Hospital to cope adequately with the work thrown upon it in this department seems also to be a contributing factor. The present facilities for the suitable treatment of this defect appear, in fact, to be quite inadequate. Unfortunately it was not found practicable to include Tonsils, &c., in the list of defects coming within the Committee's Scheme of Medical Treatment. That some provision of this nature will however require to be made in the near future seems inevitable.

The Scheme of Medical Treatment referred to has made some progress; the Board's sanction to the Scheme has been obtained, some financial difficulties have been overcome, and plans of premises for the School Clinic have been adopted. Further consideration by the Committee is called for on the question of payments to be made by parents, especially in respect of Dental Treatment, at the School Clinic.

The work of the School Nurses (page 7) has continued normally except that an increased proportion of their time has been required by Routine Inspection. The excellence of their work has been fully maintained. Very satisfactory results have been obtained by them at the Cleansing Station. The latter has now been in operation for twelve months and has proved highly efficient, fulfilling its purpose admirably (page 19).

The general standard of cleanliness and thrift continues to improve slowly. The condition of a large number of scholars fortunately leaves little to be desired in these respects. A small minority of children are however found time after time in the same grossly neglected condition; in some of these cases the parents have been found to be in receipt of good wages and to have no excuse whatever on the grounds of poverty for the neglected condition of their children. Usually in such cases no effective action is taken against the parents. The frequent failure to apply deterrent measures of an adequate nature in cases of deliberate neglect is, in my opinion, one of the outstanding obstacles in the way of reform. Assistance is generally forthcoming for obviously necessitous children—the children in rags and tatters, with hopeless stockings and footgear. The neglected condition of these children readily attracts attention and generally secures some measure of relief. But the children of parents most needing and deserving help are the least likely to ask for it; and the evidence of their need being covered up by the thrift and industry of their parents, the latter seldom receive the assistance that is repeatedly given to the unthrift.

The Special School for Mentally Defective Children is full, many scholars now awaiting admission. The inadequacy of the existing accommodation is referred to on page 14).

ADMINISTRATION—SUMMARY OF WORK, &c.

At the end of the year 1914 the Elementary School accommodation was as follows:—26 Elementary Schools, 1 Higher Elementary School, 1 Special School, and 1 Day Industrial School.

A new building, providing accommodation for 454 children, has been erected by the Managers of St. Joseph's R.C. School, and was opened after the Midsummer Holidays.

Alterations to the premises of St. Stephen's School have resulted in an increase of 84 places in the accommodation; while the accommodation of St. Andrew's Girls' School has been similarly increased by 10 places.

For the last completed week in the year the number of scholars on the rolls of the Elementary Schools was 17,059; the average attendance was 15,241.6; and the percentage attendance 89.3.

The Routine Inspections numbered 4,668 (Table I., page 22). This is an increase of 907 on the corresponding number examined in 1913. 178 special cases (Medical) were examined, and 333 children with Medical defects were re-examined.

In addition to the foregoing, enquiries were made on behalf of the Committee and for the Bye-Laws Rota; Bursar Scholars, Student Teachers, and Free Scholarship Holders were examined; visits paid to classes; and the usual miscellaneous work performed.

1,179 printed notifications of Medical defects were issued in 1914. The number of such notices has increased during the past two years. In many cases however more than one notification was sent in respect of the same child.

50 scholars were excluded from School for periods of varying duration on account of verminous conditions. The corresponding number excluded the previous year was 276. This satisfactory reduction is due to the operation of the Cleansing Station which provides an alternative to exclusion not previously available.

EXCLUSIONS BY THE MEDICAL OFFICER OF HEALTH.

The total number of counterfoil exclusions received during the year from the Medical Officer of Health in respect of children attending the Elementary Schools was 1,092, made up as follows:—

Infectious Diseases.	Number of Children Excluded.		
	Actual Cases.	Contacts.*	Total.
Measles ...	151	546	697
Scarlet Fever ...	87	159	246
Diphtheria ...	41	108	149
Total ...	279	813	1092

* Scholars not indicated upon the exclusion counterfoils as "cases" have been registered as "contacts."

The Schools that suffered closure during the year were St. Luke's, Graiseley, and St. Stephen's. In each case the closure affected only the Infants' Department and was directed towards preventing the spread of Measles. The closures were effected under Article 45 (b) of the Code. Towards the end of the year the Schools suffered rather badly from an epidemic of Mumps. Hitherto this disease has not been controlled by administrative action. Reports became prevalent of children convalescent from the disease returning to School too soon and thus spreading infection. This circumstance led to an arrangement with Head Teachers and Attendance Officers whereby the former were authorised to exclude scholars upon suspicion of the disease, such exclusion being endorsed when necessary by the School Medical Officer upon the report of the latter.

SUMMARY OF WORK OF SCHOOL NURSES.

The number of visits paid by the Nurses to the Schools during the year was 798, visits to scholars' homes numbering 1,962; total visits, 2,760. The number of scholars examined was as follows:—Boys 2,610, Girls 5,509, giving a total of 8,119 scholars examined. Many of these were examined repeatedly, the total inspections for the year being 10,517.

An apparent reduction in the number of special cases examined by the School Nurses during 1914 is largely due to a change in the system of recording. Many examinations that previously would have increased the list of scholars "inspected" have more correctly been entered as "re-examinations."

ATTENDANCE OF PARENTS.

The attendance of parents was practically identical with that of the previous year, having now reached the highest figure that is likely to be attained. The percentage attendance for the last six years has been as follows:—

Year.	Percentage Attendance of Parents.		
1909	86.6
1910	88.3
1911	89.3
1912	91.1
1913	94.2
1914	94.1

So far as I am aware this attendance still constitutes a record for any Educational Area in England and Wales.

BABY CLINICS.

An important development of work under the direction of the Health Department is about to be undertaken by the establishment of Baby Clinics. This work should prove of great value and utility in disseminating among parents knowledge calculated to prevent many of the defects now discovered at School age by the Education Authority. It would tend greatly to the avoidance of overlapping if the work of the Baby Clinics were linked up effectively with that of Medical Inspection.

Knowledge gained at Medical Inspection of the domestic circumstances of scholars attending the Elementary Schools, and experience of their defects could profitably be utilised in dealing with younger members of the same families attending the Baby Clinics.

RECORDS OF WEIGHT.

The arrangements for systematic testing and regulation of the weighing machines cannot yet be said to rest upon a satisfactory basis. In January, 1913, the attention of the Committee was drawn to this need, and steps were taken accordingly. There has however been considerable delay in giving effect to the arrangements, and it was not

until the latter half of 1914 that a report was received upon the condition of the machines. This indicated that 13 machines registered more or less incorrectly. The defect was probably slight in the majority of cases, but in the absence of precise knowledge as to the amount of error we have not felt justified in making any statistical return as to the record of weight. It seems desirable that the Committee's arrangements should provide continuously for the periodic inspection of all the machines, with such regulation as they may require, and that this work should be placed under the supervision of the School Medical Officer.

THE PHYSICAL CONDITION OF CHILDREN INSPECTED.

(Table II., pages 23 to 28).

The results of last year's Inspections, taken together, do not differ very materially from those of previous years.

CLEANLINESS, HEADS, ETC. (pages 19 and 23).

The figures relating to cleanliness, clothing and footgear, show very little variation. In one direction where improvement was urgently called for the apparent progress now made is necessarily slow. The following figures show the improvement that has taken place in the condition of heads of "Girl Leavers" during the last four years, as exhibited at Routine Inspection:—

	Year	1911.	1912.	1913.	1914.
Number examined	...	635	639	785	1,464
		Per Cent.			
Free from all trace of Vermin	...	3.5	18.0	16.7	19.5
Nits only	86.9	77.5	80.8	78.2
Vermin and Nits	9.6	4.5	2.5	2.2

The results of unexpected examination are however much less satisfactory—if they can be called satisfactory at all. Without going into greater detail, it may be said that whereas the above-mentioned figures for 1914 show that the proportion of heads exhibiting vermin and nits was 2.2% at Routine Inspection, the corresponding proportion in the case of 1,644 girls examined without previous notice was no less than 31.9%. The difference clearly shows the stimulating effect of an anticipated examination; the pity is that this stimulus should be required continuously.

Notwithstanding this unsatisfactory result the general tendency towards improvement is probably fairly indicated by the percentage results of the total number of scholars—

boys and girls—examined at Routine Inspection. The proportion of the total recorded at the latter as perfectly satisfactory in this respect has increased from 47.9% in 1913, to 53.2% last year.

Further details of the Nurses' systematic examination of heads without previous notice are given on page 19.

NUTRITION (pages 18 and 24).

The record of Nutrition shows some variation compared with that of 1913. The number recorded as "normal" has been somewhat increased at the expense of those both above and below that class. This is probably due to influence of the personal factor upon the assessment of the condition. The total proportion of scholars recorded as malnourished, namely 18%, is however identical with that recorded in 1911 when special attention was given to the assessment. This record of malnutrition is perhaps higher than the corresponding proportions recorded in many other towns, which vary nevertheless as widely as from less than 1% to over 30%. One can say definitely that in a large number of cases unsatisfactory Nutrition is due to preventible causes. Notwithstanding serious economic difficulties, and even in the face of the grim struggle for existence that is the experience of many thrifty working class parents, it is frequently surprising how little the Nutrition of children coming from good homes is impaired by poverty. A child's Nutrition however suffers readily with neglect or ill-treatment. Extended experience confirms the view that improvement in domestic hygiene and thrift, an increased amount of sleep, and the prevention of overwork, are not the least important of the preventible causes of malnutrition in children.

NOSE AND THROAT (pages 16, 17, and 24).

The classification of "Nose and Throat" defects has been altered this year in conformity with the Board's Table. The proportion of recorded mouth breathers is less than formerly, and probably represents a more correct estimate of the number of habitual mouth breathers, though not of the number who are mouth breathers at Inspection. In addition to the Board's classification of defects under this heading, a total is added of 52 cases where the existence of Adenoids was suspected. In the absence of a digital examination which we consider inexpedient, and of posterior rhinoscopy which is impracticable at Routine Inspection, this additional classification seems justifiable.

TEETH (page 25).

Some evidence is discernible in the Schools of increasing attention being paid to the hygiene of the mouth. The number of scholars who cleanse the teeth daily, though still very small, has certainly increased. Nevertheless a great deal more education in this matter is required, for the effective teaching of dental hygiene is apparently limited to two or three Schools. The Committee's Scheme of Medical Treatment includes provision for dental treatment. An essential preliminary to success of that treatment is recognition on the part of children and their parents of the importance that really attaches to the care and preservation of the teeth. One of the difficulties that I foresee in this direction is the probable refusal of parents to accept for their children the benefits of dental treatment when the latter is offered to them. Dental treatment represents to the majority a disagreeable but perhaps necessary cure for toothache. The importance and value of preventive dental treatment are not self-evident, and cannot be convincingly urged if the more obvious and elementary precautions against decay are entirely ignored. For this reason there is urgent need at the present moment for the more general adoption of definite teaching on the care of the teeth and the causes of decay. This teaching should be regarded not only as of fundamental importance in itself, but also as an essential preliminary to the success of the dental treatment the provision of which is contemplated by the Committee.

HEART (page 25).

The record of Heart defects corresponds closely with that of the previous year. For greater accuracy an additional classification is introduced of cases of suspected organic disease, where the diagnosis of this disease was not considered justifiable at a single examination.

DEFORMITIES (page 26).

The Congenital Deformities recorded are not numerous. They include, amongst others, 1 case of spina bifida, 2 cases of dislocated hip—1 single and 1 double, and 2 cases of congenital absence of the hand—the right and left respectively.

The number of acquired deformities recorded this year shows marked increase. This has been due to the inclusion of a considerable number of cases of flat foot and, to a less extent, of cases of lateral curvature of the spine—both of which defects are exceedingly common. 214 cases of flat foot in girls and 157 in boys were recorded amongst the

“Leavers.” The majority of these defects were fortunately slight, but they were frequently indicative of a loss of muscular tone that had existed for some time, and was of some significance. Lateral curvature of the spine in “Leavers” accounted for 88 cases of defect among girls, and 63 among boys. The influence of overwork, of insufficient sleep, and of faulty posture in producing this defect has previously been mentioned.

In addition to the foregoing, a total of 98 scholars exhibited pronounced deformity of the chest. The latter is commonly due either to respiratory obstruction or to rickets—the two sometimes co-existing. Respiratory obstruction is relatively more frequently the cause in older children, the influence of rickets being most evident among the Entrants.

TUBERCULOSIS (pages 26 and 18).

Recorded Tuberculosis shows a reduction compared with last year. The difficulty of diagnosis, particularly as the result of a single examination in School, has been already mentioned. It is in suspected cases of this disease that an Inspection Centre is particularly needed for the purpose of more detailed examination and for continuous supervision. The large number of debilitated children exhibiting unsatisfactory but indefinite physical signs in the chest is an outstanding feature of Medical Inspection.

SPEECH (page 27).

The record of Speech defects is an improvement on that of 1913. Both defective articulation and stammering were recorded less frequently. The latter record is still high compared with records of other areas. The far greater incidence of this defect among boys than girls, illustrated by our figures, has been pointed out by others.

MENTAL CONDITION (page 27).

The proportion of “Leavers” recorded as “dull” or “backward” shows a somewhat remarkable increase, from 10.8% of 1644 children examined in 1913, to 16.2% of a total of 2,972 examined in 1914. This increase affects boys and girls equally. The record is based upon the Teachers’ estimates of a mental condition that is “below the average—dull.” The fundamental cause of this variation is, no doubt, that set forth on page 204 of the Report for 1913 of the Board’s Chief Medical Officer—the fact that “no recognised standard of dullness or backwardness is at present being followed.” A certain increase of attention last year

to the mental condition of scholars has also tended to the same increase, the discovery of a scholar's retardation one or two standards below the normal occasionally resulting in revision of the record of "normal." Whatever the actual proportion of "dull or backward" children may be, there can be no doubt that the lack of suitable provision for the education of such children constitutes at the present time a serious hindrance both to their own education and to that of scholars better mentally equipped.

In a number of cases we have found backwardness associated with defective eyesight or slight deafness. In others, late hours, overwork out of School, and a bad domestic environment, are obvious causes. In a minority of cases only, backwardness not amounting to mental deficiency appears to be due to an inherent mental characteristic.

A register is kept of all cases where mental deficiency exists or is suspected. Here again an outstanding feature of such cases is the frequency of a record of physical defect and unfavourable environment; defective heredity is also strongly in evidence.

It is noteworthy that a considerable number of children recorded as "Mentally Defective" were discovered at Routine Inspection. Among the 2,972 "Leavers" examined in 1914, 23 mentally defective children were found attending an Elementary School. These scholars represented various grades of mental deficiency; in practically every case their education in an Elementary School was being conducted in unsuitable and frequently under hopeless conditions. In the future we should aim at securing appropriate training for these children at an early age.

SPECIAL SCHOOL.

It is necessary however to point out that the Special School for Mentally Defective Children is full. The number of available places is 40, although by recent permission of the Committee 50 names are now allowed to be registered—this being the number actually on the books at the beginning of 1915. Beyond this number, which comprised 29 boys and 21 girls, there were 14 scholars already certified as mentally defective awaiting admission, and an additional waiting list of many scholars requiring further examination, several of whom are Mentally Defective. For these there exists at present no available accommodation.

This pressure of numbers is consistent with the published facts of the Royal Commission 1904. The investigations of that Commission as to the incidence throughout the country of the various degrees of Amentia seem to show

that the approximate proportion of feeble-minded children existing in England and Wales on January 1st, 1906, was 1.47 per thousand of population. Birmingham (as a representative area exhibiting a mean average incidence of Amentia), is mentioned as containing 1.6 feeble-minded children per thousand population.*

If we assume 1.5 per thousand to be the proportion of feeble-minded children in Wolverhampton, and 96,000 as representing in round numbers the population of the Borough, we get 144 as the approximate number of feeble-minded children with whom we have, or ought, to deal. From what has been said above it will be readily seen that the existing provision at the Special School is quite inadequate.

Eight children left this School and nine were admitted during the year. Three of the former were excluded by the School Medical Officer as incapable of deriving further benefit; two left on account of ill-health; and three left on attaining the age of 14.

The School includes at the present time only a small proportion of high grade cases—that is, of scholars who might reasonably be expected to derive the greatest benefit from the Special School education. This is an important consideration. The reasons for this small proportion of the most suitable class of case are, first, that from the Elementary School point of view the urgency for transfer of defective cases to the Special School is more obvious in the lower grade cases, and there is naturally more activity shown in securing admission for these than for cases whose mental deviation from the normal is less pronounced. Then, from the Special School point of view, the small size of the latter increases the relative difficulty of proper classification. An additional teacher has been provided for the last twelve months, making a total staff of three teachers. With this staff it is at present found practicable to sub-divide the School into three classes. This arrangement however does not permit of suitable provision for high grade cases. With a larger School and staff, a more satisfactory classification of defective scholars would be practicable, and the utility of the School would thereby be both relatively and absolutely increased.

The importance of the role allotted to the Special School under the Mental Deficiency Act, 1913, should not be lost sight of. Under that Act encouragement is given to ascertain the existence of mental deficiency in scholars at an early age, and the Special School itself is

*Treadgold—"Mental Deficiency"—pages 12 and 15.

to subserve the purpose of ascertaining which children can respectively be properly retained there, returned to an Elementary School, or are in need of supervision and guardianship. The Mental Deficiency Act came into force on April 1st, 1914, and scholars at this School have since been dealt with who require under the Act to be notified to the Education Authority by duly appointed Certifying Officers. It would appear advisable therefore that the revised model Regulations issued by the Board the following August should be adopted as a working basis for operations under this Act as soon as the Committee can see their way clear to do so.

VISION (pages 17, 18, and 27).

Vision has been recorded as usual. A separate total is given for the number tested, on account of 32 scholars—11 boys and 21 girls—having escaped the systematic test at the time of Routine Inspection. The number of scholars with normal vision is stated in the table. This is followed by a complete analysis of the vision of each eye separately. The sum of these numbers, for the right and left eye respectively, corresponds with the total number tested.

The Test-Types used for testing vision have now been in use for over six years, and many of the cards are somewhat discoloured. Clear definition of the letters is essential to accuracy of testing. A fresh supply of Test-Types is available to replace those no longer fit for use. Suitable envelopes have also been procured, in which the cards can be kept free from dust. Application should be made for these as required.

TREATMENT OF DEFECTS DURING 1914

(Table IV., page 29).

Success in obtaining medical treatment was less satisfactory than hitherto. In the Table referred to the total number of notified cases dealt with during the year was 1,795—an increase of 374 on the corresponding number of the previous year. The proportion of total defects treated is given as 28.4%. It should however be noted that this percentage is based upon a total number of defects that includes a certain proportion of cases where the result of notification was not yet reported. If we deduct the latter number from the total, and deal only with ascertained results, the proportion of “treated” becomes 35.4%—which compares with 56.2% in 1913. The falling off is largely due to the increased difficulty in obtaining Hospital tickets. This difficulty was foreshadowed in my last Report, and has now become acute. The treatment chiefly hindered in this way is that of enlarged tonsils and adenoids, and of

defective vision. With the exception of treatment for the teeth, the latter represent the defects in which the least measure of success has been obtained in securing suitable treatment. Otherwise the situation in regard to medical treatment does not differ materially from that of the previous year.

333 defective cases have been carefully re-examined by the Medical Officers during the year. Notes of a few representative cases are here given, which illustrate the subsequent history of defective cases after notification, as well as the difficulties mentioned by parents in explanation of their failure to secure medical treatment. It must be understood that the cases quoted are not intended to indicate the respective numerical proportions of those obtaining, and failing to obtain, medical treatment; also, that the information supplied by the parent is here stated as given to us, without any implied undertaking on our part as to its accuracy.

The list of cases might be enlarged indefinitely; sufficient only are quoted to give some idea of outstanding features connected with existing medical treatment.

(Illustrative Cases).

Initials.	Nature of Defect.	Time elapsed since Notification.	Medical Treatment secured.	Present Condition.	Remarks.†
K.D.	Enlarged Tonsils and Deafness	2½ years	Nil	Unchanged	Deafness fortunately not acute.
G.E.	Adenoids	1 year and 11 months	Nil	Unrelieved, marked obstruction	Waiting for a bed at the Hospital.
F.J.	Enlarged Tonsils	5 months	Nil	Unchanged	Waiting for a bed at the Hospital.
G.J.	Marked respiratory obstruction	5 months	Nil	Marked symptoms; chokes in her sleep. Backward in School	Waiting for a bed at the Hospital.
W.B.	Adenoids, deafness, mental deficiency	5 months	Nil	Unchanged	Waiting for a bed at the Hospital.
W.N.	Adenoids, etc.	5 months	Nil	Suffering badly from defect. Backward in School retarded 3 Standards	Been to General Hospital, and awaiting admission since.
F.D.	Adenoids and Deafness	5 months	Nil	Marked signs and symptoms, very vacant appearance, backward, nasal discharge, ear-ache, etc.	Been twice to General Hospital, but not yet sent for; awaiting admission.
B.B.	Adenoids	5 months	Nil	Marked obstruction, deaf both ears, Has bad headaches	Been to a Doctor, who referred case to Hospital. Failed to go there.
F.G.	Enlarged Tonsils	1 year and 10 months	Nil	Marked obstruction	Prolonged failure to obtain any response. Recent visit to Hospital. Admission promised—not yet sent for.

† Many of the entries under this heading are based upon statements made by the parent. We do not guarantee their accuracy.

(Illustrative Cases.—continued).

Initials.	Nature of Defect.	Time elapsed since Notification.	Medical Treatment secured,	Present Condition.	Remarks.†
L.V.	Adenoids	1 year and 3 months	Nil	Marked obstruction, deafness	Went to private Doctor, who declared 'nothing the matter.'
S.E.	Enlarged Tonsils and deafness	1 year	Hospital operation	Good cure; improved in every respect	Marked benefit, resulting from operation after 12 months' delay.
T.N.	Adenoids	1 year and 3 months	Nil	Marked obstruction. 'Gets so blocked up in his nose that it's a job to make him speak' — (<i>Teacher's Report</i>)	5 months after notification this case was taken to the Hospital, and was subsequently sent for and admitted for operation. The latter was not carried out, and arrangement was made to send for the boy later. This has not yet been done.
C.J.	Enlarged Tonsils, etc.	1 year and 3 months	Nil	Marked adenoid obstruction, Tonsils moderately enlarged, malnourished	Taken to private Doctor who advised operation. Father refused. Objection to operation based upon alleged failure to benefit in case of sister, who now presents very marked tonsillar enlargement after alleged operation 3 years ago.
B.S.	Convergent, Strabismus	1 year and 5 months	Eye Infirmary, 'drops'	Unrelieved. Recurrent hordeola and headaches. Vision 6/18 6/18	Two visits to Hospital; 'drops' inserted. Alleged to have no squint. No further treatment.
D.E.	Defect Vision 6/24 6/36	4 months	Nil	Vision 6/36 6/36 Retarded 2 Standards	'Can't get a note for the Hospital.' This child is very neglected.
S.J.	Defect Vision 6/18 6/9	4 months	Nil	Vision 6/18 6/12 Retarded 3 Standards	Clearly requires treatment urgently
F.D.	Defect Vision 6/36 6/24	5 months	Eye Infirmary treatment, not completed by spectacles	Defect unrelieved. Wearing another boy's spectacles	Apparently neglected. 'Can't afford to buy spectacles'; accordingly, borrows.
H.D.	Defect Vision and Hordeola	5 months	Eye Infirmary treatment, not completed by spectacles	Unrelieved. Blinking habit and eye-strain	Refusal of parent, who objects to boy wearing spectacles.
R.K.	Convergent, Strabismus	2 years and 5 months	Eye Infirmary, spectacles	Not wearing spectacles, marked eye-strain	Spectacles broken 9 months ago; unable ever since to afford repair. Excuse appears genuine.
E.A.	Defect Vision 6/18 6/24	5 months	Nil	Vision worse 6/24 6/36. Backward, eye-strain. A constant anxiety to her Teacher	Small chance of securing treatment. Father dead, mother ill.
A.W.	Blepharitis	8 months	Eye Infirmary, 'drops'	Well marked, chronic Blepharitis. Vision 6/12 6/9	Supposed to be now cured. No treatment at present, though obviously required.
M.F.	Defect Vision 6/12 6/12	5 months	Nil	Vision worse. 6/18 6/12. Headaches after reading and sewing	Apparently indifference on part of parent.
C.W.	Convergent, Strabismus	12 months	Nil	Unchanged	Visit to Eye Infirmary. Alleged statement that child would outgrow defect: 'no treatment necessary.'

† Many of the entries under this heading are based upon statements made by the parent.
We do not guarantee their accuracy.

(Illustrative Cases.—continued).

Initials.	Nature of Defect.	Time elapsed since Notification.	Medical Treatment secured.	Present Condition.	Remarks.†
P.C.	Defect Vision 6/36 6/36	1 year and 10 months	Eye Infirmary treatment, not completed by spectacles.	Vision unchanged. Eye-strain. Teacher reports 'child can't see.'	Glasses prescribed at Eye Infirmary. Can't afford to buy them. (N.B.—11 children in family).
C.E.	Squint	2 years and 5 months	Nil (See Remarks)	Still squints. No spectacles worn	Mother alleges that she obtained note and took child to Eye Infirmary. Spectacles ordered, and another note required. Unable to obtain latter, she went to opticians instead and purchased a pair of spectacles. These were soon discarded, as child could see better without them. Nothing further done.
D.J.	Malnutrition, ? Consumptive	8 months	Private Practitioner, medicine	No better. Anæmic. General condition unsatisfactory. No definite physical signs of lung trouble.	This is a case for open-air treatment and proper feeding.
R.T.	Flat-foot. Defect Vision 6/9 6/18	5 months	Private Practitioner, advice only	Flat-foot more marked. Vision 6/12 6/12	Alleged advice that 'feet didn't matter, and he would grow out of defect of sight.'
S.V.	Suspected Tuberculosis of lungs. No definite signs	1 year and 10 months	Private Practitioner, medicine	Tuberculosis of lungs. Worse. Emaciating. Pronounced signs	After prolonged delay 3 visits were paid to Doctor. By suitable and prompt open-air treatment this case might have been cured.
S.B.	Malnutrition	4 months	Nil	Looks very poorly. Bad headaches. Somewhat hectic complexion, dilated heart, unsatisfactory breath sounds	Another case for open-air treatment, with proper rest and food. At present going downhill.
T.T.	Bronchitis, ? Consumption	4 months	Hospital treatment	Lungs apparently sound, but nutrition very unsatisfactory	This boy is overworked and probably has insufficient sleep. Takes milk out.
C.W.	Malnutrition	1 year and 3 months	Nil	Marked malnutrition, Bronchitis, deficient weight. ? Tuberculosis of lungs	This boy has also suffered from Ringworm. No treatment whatever has been secured for either that defect or for his more serious general condition.
C.M.	Malnutrition	3 years and 5 months	Private Practitioner	Marked malnutrition, with no definite signs of lung trouble	Another suitable case for open-air treatment, proper rest and food.
H.D.	Suspected Tuberculosis of lungs	12 months	Private Practitioner, treatment for 12 months	General condition is somewhat improved, but the physical signs of lung trouble are more definite than they were. Still malnourished and has night sweats	Another case where suitable open-air treatment would be of far more value than medicine.
M.G.	Tuberculosis of lungs	2 years and 5 months	Private Practitioner	Worse. Right lung nearly solid	This child is also very verminous, and apparently neglected.

† Many of the entries under this heading are based upon statements made by the parent.
We do not guarantee their accuracy.

SYSTEMATIC EXAMINATION OF HEADS.

This work was carried on to less extent than usual during the year. 27 Schools and 60 Departments were visited for the purpose of systematic examination of heads without previous notice. The total number of visits made for this purpose was 200, the total number of scholars examined being 1,666, consisting almost entirely of girls and infants. An analysis of the condition found is as follows:—

Condition of Scalp.					Percentage.
Free from all trace of Vermin ...					11·0
Nits only	...	...	...	...	57·3
Vermin and Nits	...	...	...	...	31·7

All the worst cases were followed up, re-examinations being made as required to secure improvement. The total number of examinations made was 2,337, and 43 cases were referred to the Cleansing Station where they were satisfactorily dealt with.

The record just mentioned in respect of unexpected examination is worse than that of the previous year. This falling off is mainly attributable to the increasing demands upon the time of the School Nurses limiting the amount of work that was practicable in this direction last year. The resulting concentration upon the worst Schools also contributed to an apparent deterioration. Continuous vigilance, inspection, and supervision, are in fact required to maintain improvement; with any abatement of energy in these directions, the improvement in the condition of head is allowed by a considerable number of parents to lapse. It should be noted that the fact of both School Nurses now being sometimes simultaneously engaged in Routine Inspection prevents the continuity of work of systematic examination of heads. There is in fact work for an additional Nurse in this direction.

CLEANSING STATION.

The Cleansing Station was opened on February 1st, 1914, for the purpose of dealing with dirty or verminous cases that fail to show adequate improvement after notification under Section 122 of the Children Act, 1908. The parents or guardians of 350 scholars received notifications under this Section during the year, and cleansing was effected by the School Nurses in 193 instances.

Six prosecutions were undertaken, the maximum penalty of 10/- being inflicted in each case. The moral effect of the cleansing has been as valuable as the physical benefit resulting to the children, whose increased comfort and sense of well-being after a hot bath and thorough cleansing are obvious. Cutting the hair we regard as an essential part of the treatment where this procedure can be justified as necessary to proper cleansing. The hair-cutting is the only part of the proceedings that is regarded with aversion by many neglectful parents; this, then, supplies a deterrent aspect to the cleansing that would otherwise be lacking. In practice we have found the same weakness in this Section of the Act that has been pointed out by others. The fact that cleansing at the hands of the Authority is a necessary preliminary to prosecution of the parent, and that such cleansing may not be effected until 24 hours notice has been given in which to effect improvement, enables a considerable number of parents to escape in practice the penalties of persistent neglect. To do so all that is necessary is that emergency cleansing should be resorted to by the parent on receipt of the official warning giving 24 hours notice. Re-examination at the expiration of this period having been successfully, if hazardously negotiated, the child can be safely neglected again until another notice arrives. This process can be repeated indefinitely. Evidence that this is done is afforded by the fact that of the last 13 consecutive names registered by us under this Section, 12 names have appeared previously, 4 having appeared twice, and 1 three times.

Certain difficulties of a practical nature experienced at the Cleansing Station are perhaps worth recording for the benefit of those instituting similar procedure. Inadequate clothing of the scholars to be cleansed is a serious trouble, particularly in inclement weather. Scholars dealt with at the Cleansing Station frequently come to School without hats or coats. This might be immaterial under ordinary circumstances; but if a hot bath is to be administered which, on account of the frequently arduous nature of the cleansing may necessarily be of some duration; and particularly if the hair has to be closely cropped, the lack of suitable outdoor clothing may constitute after cleansing a serious difficulty. To meet this the Committee provided, at my request, woollen caps and cheap warm coats. This temporary provision is of particular importance in view of likely attempts to charge the Authority with responsibility for any illness that may happen to occur shortly after the cleansing. Unfortunately another difficulty is created in securing the return of this clothing after use. A detail of some importance may also be noted with regard to the use of the head spray. The usual arrangement is

for a mixed jet of hot and cold water, suitably regulated by a tap, to be used through a flexible head spray. Trouble may arise through variations of pressure in the hot and cold water supply respectively. The former being disconnected from the main is less likely to be the cause of trouble; but a sudden diminution of pressure as a consequence of withdrawals from the cold water main is liable to cause a corresponding increase in the relative proportion of hot water entering the mixing chamber. The suddenness with which the temperature of the issuing jet is then raised may create a risk of scalding. To avoid this risk (which appeals more readily to the patient than to the plumber) it would appear advisable that independent pipes should be employed, and that the cold water supply as well as the hot should be disconnected from the main through the medium of a tank.

In conclusion, I have again to express my thanks for the cordial assistance that has been generously extended to me by many, and to thank Head Teachers, whose co-operation has contributed so materially to the success of Medical Inspection.

I am,

Ladies and Gentlemen,

Your obedient Servant,

W. SPENCER BADGER.

FEBRUARY 20TH, 1915.

Table I.—Number of Children Inspected 1st January, 1914, to 31st December, 1914.

Code Groups.

Age	...	...	ENTRANTS.					LEAVERS.					Grand Total.
			4	5	6	Other Ages.	Total.	12	13	14	Other Ages.	Total.	
Boys	...	...	38	595	112	59	804	486	997	25	—	1508	2312
Girls	...	...	47	651	118	78	894	489	951	24	—	1464	2358
Totals	...	...	85	1246	230	137	1698	975	1948	49	—	2972	4670

TABLE 11.—Return showing the Physical Condition of Children Inspected (pages 9—15.).

CONDITION.		Entrants.				Leavers.				Total.				Special Cases.			Reference, etc.	
		Boys		Girls		Boys		Girls		Boys		Girls		Boys (m)	Girls (n)	Total (o)		
		(a)	(b)	Total (c)	% (d)	(e)	(f)	Total (g)	% (h)	(i)	(j)	Total (k)	% (l)					
Total Inspected		804	894	1,698		1,508	1,464	2,972		2,312	2,358	4,670		76 154	102 2,319	178 2,473	S.M.O. Nurses	
Clothing.	(a) Sufficiency and Repair.	Satisfactory	762	836	1,598	94.1	1,404	1,432	2,836	95.4	2,166	2,268	4,434	94.9			page 9	
		Unsatisfactory	42	58	100	5.9	104	32	136	4.6	146	90	236	5.1	39	20		59
	(b) Cleanliness	Satisfactory	789	890	1,679	98.9	1,488	1,455	2,943	99.0	2,277	2,345	4,622	99.0				
		Unsatisfactory	15	4	19	1.1	20	9	29	1.0	35	13	48	1.0	49	30		79
	In one or both respects	Satisfactory	757	874	1,631	96.1	1,403	1,437	2,840	95.6	2,160	2,311	4,471	95.6				
		Unsatisfactory	47	20	67	3.9	105	27	132	4.4	152	47	199	4.3				
Footgear.	Satisfactory (including fairly satisfactory)	745	839	1,584	93.3	1,359	1,336	2,695	90.7	2,104	2,175	4,279	91.6					
	Unsatisfactory	59	55	114	6.7	149	128	277	9.3	208	183	391	8.4	33	9	42		
Cleanliness of Head.	Clean (i.e., no nits or pediculi) ...	624	301	925	54.5	1,275	286	1,561	52.5	1,899	587	2,486	53.2	14	170	184	pages 9 & 19	
	Nits only ...	163	560	723	42.6	227	1,145	1,372	46.2	390	1,705	2,095	44.8	6	968	974		
	Vermin only ...	0	1	1	0.0	0	1	1	0.0	0	2	2	0.0	—	—	—		
	Pediculi and Nits ...		17	32	49	2.9	6	32	38	1.3	23	64	87	2.0	37	828		865
			(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)		(o)

Cleanliness of Body.																
Nutrition.																
Nose and Throat.																
External Eye Disease.																

TABLE II.—Return showing the Physical Condition of Children Inspected—Continued.

CONDITION.		Entrants.				Leavers.				Total.				Special Cases.			Reference, etc.
		Boys (a)	Girls (b)	Total (c)	% (d)	Boys (e)	Girls (f)	Total (g)	% (h)	Boys (i)	Girls (j)	Total (k)	% (l)	Boys (m)	Girls (n)	Total (o)	
Total Inspected		804	894	1,698	—	1,508	1,464	2,972	—	2,312	2,358	4,670	—				
Ear Disease.	Otorrhoea R only ...	3	6	9	0·5	9	7	16	0·5	12	13	25	0·5	1	0	1	
	" L only. ...	3	4	7	0·4	5	3	8	0·3	8	7	15	0·3				
	" R and L ...	0	1	1	0·1	1	1	2	0·1	1	2	3	0·1				
	Deafness (one or both ears)	22	42	64	3·8	128	129	257	8·6	150	171	321	6·9	1	2	3	
Teeth.	Sound	105	123	228	13·4	142	157	299	10·1	247	280	527	11·3				page 11
	Less than four decayed	249	303	552	32·5	702	699	1,401	47·1	951	1,002	1,953	41·8				
	Four or more decayed...	450	468	918	54·1	664	608	1,272	42·8	1,114	1,076	2,190	46·9				
Heart and Circulation.	No defect	698	743	1,441	84·9	1,142	1,152	2,294	77·2	1,840	1,895	3,735	80·0				page 11
	Organic disease ...	6	6	12	0·7	15	16	31	1·0	21	22	43	0·9	3	1	4	
	Suspected ditto ...	3	2	5	0·3	1	1	2	0·1	4	3	7	0·1	—	1	1	
	Functional disease ...	43	68	111	6·5	209	147	356	12·0	252	215	467	10·0				
	Anæmia	54	75	129	7·6	141	148	289	9·7	195	223	418	9·0	(m)	(n)	(o)	

														page 12			
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)		
Lungs.	No disease ...	601	650	1251	73.7	1282	1273	2555	86.0	1883	1923	3806	81.5	—	—	—	
	Tuberculosis ...	1	4	5	0.3	6	7	13	0.4	7	11	18	0.4	3	6	9	
	Suspected Tuberculosis	9	16	25	1.5	21	23	44	1.5	30	39	69	1.4	4	2	6	
	All forms of Bronchial Catarrh ...	168	198	366	21.5	137	117	254	8.5	305	315	620	13.3	—	—	—	
	Other disease ...	25	26	51	3.0	62	44	106	3.6	87	70	157	3.4	—	—	—	
Nervous system.	No disease ...	799	886	1685	99.2	1497	1453	2950	99.3	2296	2339	4635	99.3	1	1	2	
	Epilepsy ...	0	1	1	0.1	3	5	8	0.2	3	6	9	0.2	1	—	1	
	Chorea ...	0	0	0	0.0	2	0	2	0.1	2	0	2	0.0	1	—	1	
	Other disease ...	5	7	12	0.7	6	6	12	0.4	11	13	24	0.5	—	—	—	
Skin.	Ringworm Scalp ...	5	3	8	0.5	1	1	2	0.1	6	4	10	0.2	—	} 27	—	
	Ringworm Body ...	5	0	5	0.3	3	2	5	0.2	8	2	10	0.2	—		—	—
	Impetigo ...	8	9	17	1.0	3	2	5	0.2	11	11	22	0.5	2		2	4
	Scabies ...	8	7	15	0.9	3	2	5	0.2	11	9	20	0.4	3		2	5
Deformities.	Congenital ...	9	4	13	0.8	5	6	11	0.4	14	10	24	0.5	—	1	1	
	Acquired ...	90	53	143	8.4	292	340	632	21.3	382	393	775	16.6	1	3	4	
Tuberculosis, non-pulmonary.	No disease ...	796	890	1686	99.3	1500	1453	2953	99.4	2296	2343	4639	99.3	—	—	page 12	
	Glandular ...	6	4	10	0.6	2	11	13	0.4	8	15	23	0.6	1	—	1	
	Bones and Joints ...	2	0	2	0.1	0	0	0	0.0	2	0	2	0.0	1	2	3	
	Other forms ...	0	0	0	0.0	6	0	6	0.2	6	0	6	0.1	—	1	1	

TABLE II.—Return showing the Physical Condition of Children Inspected.—Continued.

CONDITION.				Entrants.				Leavers.				Total.				Special Cases.			Reference, etc.				
				Boys (a)	Girls (b)	Total (c)	% (d)	Boys (e)	Girls (f)	Total (g)	% (h)	Boys (i)	Girls (j)	Total (k)	% (l)	Boys (m)	Girls (n)	Total (o)					
Total Inspected				804	894	1698	—	1508	1464	2972	—	2312	2358	4670	—								
Speech.	Not defective			755	857	1612	94.9	1455	1433	2888	97.2	2210	2290	4500	96.4				page 12				
	Defective Articulation			47	37	84	4.9	25	23	48	1.6	72	60	132	2.8								
	Stammering			2	0	2	0.1	28	8	36	1.2	30	8	38	0.8								
Mental Condition.	Normal			—	—	—	—	1274	1194	2468	83.0	—	—	—	—	—	—	—	pages 12—15				
	Dull or Backward			—	—	—	—	224	257	481	16.2	—	—	—	—	12	3	15					
	Mentally defective (all grades)			—	—	—	—	10	13	23	0.8	—	—	—	—	12	5	17					
Squint.	Convergent			17	23	40	2.4	27	29	56	1.9	44	52	96	2.1	2	3	5					
	Divergent			0	1	1	0.1	2	7	9	0.3	2	8	10	0.2	1	—	1					
Total number Tested.								1497				1443				2940				page 15			
Vision.	6/6 both eyes (normal)							656				533				1189							
	6							808				693				1501							
	— 6							776				642				1418				(m) (n) (o)			
								(e)				(f)				(g)				(h)			

		Vision.								
								(m)	(n)	(o)
6 — 9	R.	(e)	(f)	(g)	(h)					
	L.	408	421	829	28.2					
		401	442	843	28.7					
6 — 12	R.	127	154	281	9.6					
	L.	153	188	341	11.6					
6 — 18	R.	71	71	142	4.8					
	L.	70	70	140	4.8					
6 — 24	R.	26	38	64	2.2			16	12	28
	L.	40	37	77	2.6					
6 — 36	R.	31	32	63	2.1					
	L.	26	30	56	1.9					
6 — 60	R.	14	19	33	1.1					
	L.	19	19	38	1.3					
6 — 60	R.	12	15	27	0.9					
	L.	12	15	27	0.9					

TABLE IV.—Medical Treatment of Defects during 1914 (page 15).

CONDITION.	No. of Defects found for which treatment was considered necessary.			No. of Defects for which no report is available.	No. of Defects treated.	Results of Treatment.			No. of Defects not treated.	Percentage of Defects treated.
	From previous Year.	New.	Total.			Remedied.	Improved.	Unchanged.		
Nutrition	21	44	65	15	33	0	33	0	17	50.8
Nose and Throat	194	293	487	82	104	8	96	0	301	21.4
External Eye Disease	14	37	51	5	21	0	16	5	25	41.2
Ear Disease	4	31	35	7	15	0	11	4	13	42.9
Teeth	4	15	19	4	3	3	0	0	12	15.8
Heart and Circulation	2	4	6	3	2	0	2	0	1	33.3
Lungs	26	54	80	12	55	0	50	5	13	68.75
Nervous System	0	5	5	3	2	0	2	0	0	40.0
Skin	12	86	98	19	40	25	15	0	39	40.8
Rickets, Deformities	16	22	38	7	14	1	8	5	17	36.8
Tuberculosis, non-pulmonary	0	5	5	2	2	0	2	0	1	40.0
Vision and Squint	216	545	761	158	179	175	2	2	424	23.5
Hearing	27	70	97	27	22	0	19	3	48	22.7
Miscellaneous	4	44	48	10	18	2	16	0	20	37.5
TOTALS	540	1255	1795	354	510	214	272	24	931	28.4

